AMENDMENT TRANSMITTAL LETTER					Docket No. 02008/071003
Applicatio		Filing I		Examiner	Art Unit
10/779,904-Co	onf. #9608	February '	17, 2004	O. A. Louie	2436
plicant(s): Mas					
	OD AND APPA RATED CIRCL		DEFECT ANA	ALYSIS OF SEMICO	NDUCTOR
	TC	THE COMMI	SSIONER FO	OR PATENTS	
ransmitted here	with is an ame	ndment in the	above-identif	ied application.	
he fee has been	calculated an	d is transmitte	d as shown b	elow.	
			S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	12	- 20 =	0	x 52.00	0.00
Independent Claims	3	- 3 =	0	x 220.00	0.00
Other fee (pleas			<u>, </u>		0.00
Other fee (pleas TOTAL ADDITI X Large Entity	e specify):	OR THIS AME	NDMENT:	Small Entity	0.00
Other fee (pleas TOTAL ADDITI X Large Entity X No additiona	e specify): ONAL FEE FO	OR THIS AME	NDMENT:		
Other fee (pleas TOTAL ADDITI X Large Entity X No additiona	e specify): ONAL FEE FO	DR THIS AME d for this amer	NDMENT:	n the amount of \$	·
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Other fee (pleas TOTAL ADDITI X Large Entity X No additiona Please charg A check in tr	e specify): ONAL FEE FO Il fee is require ge Deposit Acce amount of \$ credit card.	or THIS AME d for this amer	NDMENT: ndment ii to cover	n the amount of \$	sed.
Other fee (pleas TOTAL ADDITI X Large Entity X No additiona Please charg A check in the Payment by X The Director as described	e specify): ONAL FEE FO Il fee is require ge Deposit Acce amount of \$ credit card.	on THIS AME	NDMENT: ndment ii to cover	n the amount of \$ the filing fee is enclo	sed.
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Other fee (pleas TOTAL ADDITI X Large Entity X No additiona Please charg A check in the Payment by X The Director as described X Credit all	e specify): ONAL FEE FO If fee is require ge Deposit Acc ne amount of \$ credit card. Is hereby auth the below. In yoverpaymer any additional filia- erer	or THIS AME d for this americant No norized to charant. ing or application	NDMENT: ndment ir to cover ge and credit	the amount of \$the filing fee is enclo Deposit Account No.	sed. 50-0591